

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

LOFGREN FOR CONGRESS

ADDRESS (number and street)  
▼

PO Box 213

Check if different  
than previously  
reported. (ACC)

Muscatine

IA

52761

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00546192

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

IA

02

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary E Benson

Signature of Treasurer

Mary E Benson

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

LOFGREN FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	18340.75	109751.03
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	18340.75	109751.03
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	36737.93	95719.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	36737.93	95719.22
8. Cash on Hand at Close of Reporting Period (from Line 27).....	14031.81	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 17

Write or Type Committee Name

**LOFGREN FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

15790.75

81233.80

(ii) Unitemized.....

2550.00

18661.10

(iii) TOTAL of contributions from individuals ▶

18340.75

99894.90

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

1300.00

(d) The Candidate.....

0.00

8556.13

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

18340.75

109751.03

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

18340.75

109751.03

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 17

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	36737.93	95719.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	36737.93	95719.22

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	32428.99
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	18340.75
25. SUBTOTAL (add Line 23 and Line 24).....	50769.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	36737.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	14031.81

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LOFGREN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Ramona Allenbaugh</b>			Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 1012 Cypress St			<b>Transaction ID : SA11AI.4948</b>	
City	State	Zip Code		
Muscatine	IA	52761		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer Unity Point Health		Occupation Clerical		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>John Axel</b>			Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2014	
Mailing Address 208 W 2nd St, ste 300			<b>Transaction ID : SA11AI.4892</b>	
City	State	Zip Code		
Muscatine	IA	52761		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer Environmental Services, Inc.		Occupation Self-Employed		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>James W Balmer</b>			Date of Receipt M M / D D / Y Y Y Y 01 / 03 / 2014	
Mailing Address 11 Oak Park Ln NE			<b>Transaction ID : SA11AI.4854</b>	
City	State	Zip Code		
Iowa City	IA	52240-9180		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer Plumbers Supply Company		Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			750.00	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LOFGREN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Thomas Berthel

A.

Mailing Address 4900 Oak Grove Rd NE

City

Cedar Rapids

State

IA

Zip Code

52411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Berthel Fisher &amp; Co Fin'l Svcs

Occupation

CEO &amp; Director

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2014

Transaction ID : SA11AI.4887

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Gary Boche

B.

Mailing Address 112 Locust St.

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Boche Plumbing

Occupation

Owner, plumber

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		03		2014

Transaction ID : SA11AI.4858

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

David C Burdakin

C.

Mailing Address 2473 Prairie Rose Ridge

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maylin Corp.

Occupation

Chairman of the Board

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3377.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		06		2014

Transaction ID : SA11AI.4860

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LOFGREN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Dr. Frederick R Drexler

Mailing Address 303 5th Ave, PO Box 446

City

Clarence

State

IA

Zip Code

52216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Dentist

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2014

Transaction ID : SA11AI.4905

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Larry L Emmert

Mailing Address 605 Sunset Drive

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hoffman, Inc.

Occupation

President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2014

Transaction ID : SA11AI.4866

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Cara W Fuller

Mailing Address 2653 Timberbrook Ct

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trinity Unity Point

Occupation

VP HR

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		11		2014

Transaction ID : SA11AI.4902

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3150.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LOFGREN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Tricia Hackett

A.

Mailing Address po box 481

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Todd Hackett Construction Co.

Occupation

Jr. VP

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		23		2014

Transaction ID : SA11AI.4889

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Dennis Hill

B.

Mailing Address 1848 N Isett Ave

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eastern IA Light &amp; Power

Occupation

Engineer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		17		2014

Transaction ID : SA11AI.4913

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

David R Housley

C.

Mailing Address 103 Sterling Woods Ct

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Doran &amp; Ward Printing

Occupation

President and Owner

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		19		2014

Transaction ID : SA11AI.4880

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 17

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**LOFGREN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Steven L. Kruse</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>31</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	03		31		2014
M M M	/	D D D	/	Y Y Y Y Y									
03		31		2014									
Mailing Address 2345 Highway 16		<b>Transaction ID : SA11AI.4949</b>											
City West Point	State IA	Zip Code 52656											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>200.00</div>											
Name of Employer Self-employed	Occupation Kennel Owner												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>500.00</div>												
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Susan R Langan</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>18</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	03		18		2014
M M M	/	D D D	/	Y Y Y Y Y									
03		18		2014									
Mailing Address 2312 Fruitland Rd		<b>Transaction ID : SA11AI.4914</b>											
City Muscatine	State IA	Zip Code 52761											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>250.00</div>											
Name of Employer Halane Farms	Occupation Self-employed farmer												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>750.00</div>												
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MARK S LOFGREN</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>31</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	03		31		2014
M M M	/	D D D	/	Y Y Y Y Y									
03		31		2014									
Mailing Address 3025 PROVENCE LANE		<b>Transaction ID : SA11AI.4969</b>											
City MUSCATINE	State IA	Zip Code 52761											
FEC ID number of contributing federal political committee. <div>C H4IA02042</div>		Amount of Each Receipt this Period <div>4774.25</div>											
Name of Employer Mark Lofgren	Occupation Financial Consultant Self-employed												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>13420.38</div>												
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<div>5224.25</div>											
<b>TOTAL</b> This Period (last page this line number only).....		<div></div>											

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LOFGREN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MARK S LOFGREN

Mailing Address 3025 PROVENCE LANE

City

MUSCATINE

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C H4IA02042

Name of Employer

Mark Lofgren

Occupation

Financial Consultant Self-employed

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

8646.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.4971

Amount of Each Receipt this Period

90.00

In-kind - Phone usage

Full Name (Last, First, Middle Initial)

Paula J Lofgren

Mailing Address 3025 Provence Lane

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Muscatine Community School Dis

Occupation

Teacher

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

382.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11AI.4970

Amount of Each Receipt this Period

282.50

In-kind - Mileage

Full Name (Last, First, Middle Initial)

Bradford J Manatt

Mailing Address 1319 S 12th Ave W

City

Newton

State

IA

Zip Code

50208-4302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Manatt's Inc

Occupation

Contractor - roads

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

Transaction ID : SA11AI.4870

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

622.50

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:

PAGE 11 OF 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**LOFGREN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Leesa McCleary**

Mailing Address 4500 25th St S

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing federal political committee.

C

Name of Employer

Raine Properties

Occupation

Self-Employed

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 29 / 2014

Transaction ID : SA11AI.4946

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Delia Meier**

Mailing Address 15175 240th St.

City

Eldridge

State

IA

Zip Code

52748

FEC ID number of contributing federal political committee.

C

Name of Employer

Iowa 80 Group

Occupation

Sr. VP

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 07 / 2014

Transaction ID : SA11AI.4874

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Delia Meier**

Mailing Address 15175 240th St.

City

Eldridge

State

IA

Zip Code

52748

FEC ID number of contributing federal political committee.

C

Name of Employer

Iowa 80 Group

Occupation

Sr. VP

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

544.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 07 / 2014

Transaction ID : SA11AI.4950

Amount of Each Receipt this Period

44.00

In-kind - Meet and Greet Expenses

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1044.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**LOFGREN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Lisa Molinari**

Mailing Address 4964 Pigeon Creek Trl

City

Bettendorf

State

IA

Zip Code

52722-6528

FEC ID number of contributing federal political committee.

C

Name of Employer

HNI Corp

Occupation

E VP

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2014

Transaction ID : SA11AI.4930

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**William I Moon**

Mailing Address 21044 210th St.

City

Bettendorf

State

IA

Zip Code

52722

FEC ID number of contributing federal political committee.

C

Name of Employer

Iowa 80 Group

Occupation

Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2014

Transaction ID : SA11AI.4872

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Brian M Shepley**

Mailing Address 2625 Letaville Drive

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2014

Transaction ID : SA11AI.4896

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

950.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

LOFGREN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Daniel P Stein

Mailing Address 2820 Mulberry Ave

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central State Bank

Occupation

Sr. VP, Sr Loan Officer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2014

Transaction ID : SA11AI.4947

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Steven E. Sukup

Mailing Address 1405 N. Shore Dr.

City

Clear Lake

State

IA

Zip Code

50428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sukup Manufacturing Company

Occupation

VP and CFO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2014

Transaction ID : SA11AI.4936

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

15790.75

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LOFGREN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MARK S LOFGREN**

Mailing Address 3025 PROVENCE LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City MUSCATINE	State IA	Zip Code 52761
-------------------	-------------	-------------------

Amount of Each Disbursement this Period

90.00
-------

Purpose of Disbursement  
In-kind - Phone usage

001

**Transaction ID : SB17.4973**

Candidate Name

**LOFGREN FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: IA District: 02

Full Name (Last, First, Middle Initial)

**B. MARK S LOFGREN**

Mailing Address 3025 PROVENCE LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City MUSCATINE	State IA	Zip Code 52761
-------------------	-------------	-------------------

Amount of Each Disbursement this Period

4774.25
---------

Purpose of Disbursement  
In-kind - Mileage

002

**Transaction ID : SB17.4975**

Candidate Name

**LOFGREN FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: IA District: 02

Full Name (Last, First, Middle Initial)

**C. MARK S LOFGREN**

Mailing Address 3025 PROVENCE LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City MUSCATINE	State IA	Zip Code 52761
-------------------	-------------	-------------------

Amount of Each Disbursement this Period

105.00
--------

Purpose of Disbursement  
Campaign Event registration and Meals

007

**Transaction ID : SB17.4976**

Candidate Name

**LOFGREN FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: IA District: 02

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4969.25

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LOFGREN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Paula J Lofgren**

Mailing Address 3025 Provence Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
Muscataine	IA	52761

Purpose of Disbursement  
In-kind -Mileage

Amount of Each Disbursement this Period

282.50
--------

Transaction ID : SB17.4974

Candidate Name

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Muscatine Post Office**

Mailing Address Cedar Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		25		2014

City	State	Zip Code
Muscataine	IA	52761

Purpose of Disbursement  
Postage

Amount of Each Disbursement this Period

920.00
--------

Transaction ID : SB17.4955

Candidate Name

**LOFGREN FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: IA

District: 02

Full Name (Last, First, Middle Initial)

**C. Muscatine Post Office**

Mailing Address Cedar Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2014

City	State	Zip Code
Muscataine	IA	52761

Purpose of Disbursement  
Postage

Amount of Each Disbursement this Period

980.00
--------

Transaction ID : SB17.4967

Candidate Name

**LOFGREN FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: IA

District: 02

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2182.50

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LOFGREN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. OP Printing**

Mailing Address 2610 Park Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		09		2014

City	State	Zip Code
Muscatine	IA	52761

Amount of Each Disbursement this Period

6564.75
---------

Purpose of Disbursement  
Campaign materials

006

Transaction ID : SB17.4952

Candidate Name

**LOFGREN FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: IA

District: 02

Full Name (Last, First, Middle Initial)

**B. OP Printing**

Mailing Address 2610 Park Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		22		2014

City	State	Zip Code
Muscatine	IA	52761

Amount of Each Disbursement this Period

385.42
--------

Purpose of Disbursement  
Campaign materials

006

Transaction ID : SB17.4968

Candidate Name

**LOFGREN FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: IA

District: 02

Full Name (Last, First, Middle Initial)

**c. Victory Enterprises**

Mailing Address 5200 SW 30th St, Ste 7

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2014

City	State	Zip Code
Davenport	IA	52802

Amount of Each Disbursement this Period

18483.69
----------

Purpose of Disbursement  
Consulting

001

Transaction ID : SB17.4957

Candidate Name

**LOFGREN FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: IA

District: 02

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

25433.86



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**LOFGREN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Victory Enterprises**

Mailing Address 5200 SW 30th St, Ste 7

Date of Disbursement

M M	D D	Y Y Y Y
01	28	2014

City	State	Zip Code
Davenport	IA	52802

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Consulting

001

Transaction ID : SB17.4962

Candidate Name

**LOFGREN FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: IA

District: 02

Full Name (Last, First, Middle Initial)

**B. Victory Enterprises**

Mailing Address 5200 SW 30th St, Ste 7

Date of Disbursement

M M	D D	Y Y Y Y
03	16	2014

City	State	Zip Code
Davenport	IA	52802

Amount of Each Disbursement this Period

2750.00
---------

Purpose of Disbursement  
Consulting

001

Transaction ID : SB17.4966

Candidate Name

**LOFGREN FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: IA

District: 02

Full Name (Last, First, Middle Initial)

**c. Walmart**

Mailing Address 3003 N Hwy 61

Date of Disbursement

M M	D D	Y Y Y Y
02	05	2014

City	State	Zip Code
Muscatine	IA	52761

Amount of Each Disbursement this Period

180.57
--------

Purpose of Disbursement  
Campaign materials

006

Transaction ID : SB17.4958

Candidate Name

**LOFGREN FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: IA

District: 02

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3930.57

36516.18